

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/889837

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1											
2		1					51					
3							52					
4		1					53					
5		1					54					
6		1					55					
7		1					56					
8		1					57					
9		1					58					
10		1					59					
11		10					60					
12		10					61					
13	1						62					
14	1						63					
15	1						64					
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41							90					
42							91					
43							92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
TOTAL IND.	2						100					
TOTAL DEP.	9						TOTAL IND.					
TOTAL CLAIMS	11						TOTAL DEP.					
							TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS